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CONFIRMATION NO. 3143

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|--|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/796,659   | <b>FILING OR 371(c) DATE</b><br>03/05/2004<br><b>RULE</b>   | <b>CLASS</b><br>607           | <b>GROUP ART UNIT</b><br>3762   | <b>ATTORNEY DOCKET NO.</b><br>GUID.150DIV4 |
| <b>APPLICANTS</b><br>Andrew P. Kramer, Minneapolis, MN;  |   |                               |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a DIV of 10/062,048 01/31/2002 PAT 7,177,679<br>which is a DIV of 09/420,679 10/19/1999 PAT 6,415,180<br>which is a CIP of 08/833,281 04/04/1997 PAT 5,983,138  |   |                               |   |  |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 05/25/2004</b>   |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u> |   | <b>STATE OR COUNTRY</b><br>MN | <b>SHEETS DRAWING</b><br>12   | <b>TOTAL CLAIMS</b><br>44                  |
| <b>INDEPENDENT CLAIMS</b><br>4   |   |                               |   |  |
| <b>ADDRESS</b><br>HOLLINGSWORTH & FUNK, LLC.<br>8009 34TH AVENUE SOUTH<br>SUITE 125<br>MINNEAPOLIS, MN55425  |   |                               |   |  |
| <b>TITLE</b><br>METHODS AND SYSTEMS FOR PROMOTING VENTRICULAR PACING   |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>1588   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |